

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 569237

FILING DATE

APPLICANT(S)

Art. 19

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		1
4		2		2		1
5		2		2		1
6		2		2		1
7		0		0		1
8		0		0		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		0		0		1
15			1		1	
16				1		1
17				1		1
18				5		1
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TOTAL IND.	1	↓	2	↓	2	↓
TOTAL DEP.	17	←	25	←	18	←
TOTAL CLAIMS	18		27		20	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						